Case 17-17804 Doc 1 Filed 06/12/17 Entered 06/12/17 10:34:17 Desc Main

Document

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

JUN 1 2 2017

JEFFREY P. ALLSTEADT, CLERK **INTAKE 2**

☐ Check if this an amended

| Fill in this information to identify your case: | |
|---|-------------------------------|
| United States Bankruptcy Court for the: | |
| NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | |
| Case number (# known) | Chapter you are filing under: |
| | Chapter 7 |
| | ☐ Chapter 11 |
| | ☐ Chapter 12 |
| | ☐ Chapter 13 |
| | |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| t 1: V Identify Yourself | | |
|---|---|--|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name | | |
| Write the name that is on | Angela | |
| your government-issued picture identification (for example, your driver's | First name | First name |
| | Latrice | |
| license or passport). | Middle name | Middle name |
| Bring your picture identification to your meeting | Harper | |
| with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| All other names you have used in the last 8 years | | |
| Include your married or maiden names. | | |
| Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1675 | |
| | Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Angela First name Latrice Middle name Harper Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number |

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| De | btor 1 Harper, Angela L | atrice | Case number (# known) | | |
|--------|---|---|--|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | |
| | | EINs | EINs | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | |
| | | 3156 W Fillmore St Chicago, IL 60612-3927 | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Cook | | | |
| | | County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| Б. | Why you are choosing this district to file for | Check one: | Ohook and | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

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| De | otor 1 Harper, Angela L | atrice | | | | Case | number (if known) | | |
|----------|--|---|---------------------------------|---|-------------------------------|---|---|---|--|
| S | ESDARCIUM: | | | | | | | | |
| Pai | 12: Tell the Court About | Your Ban | kruptcy Ca | ise | | | | | |
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | choosing to file under | Chapter 7 | | | | | | | |
| | | ☐ Cha | pter 11 | | | | | | |
| | | ☐ Cha | pter 12 | | | | | | |
| | | ☐ Cha | pter 13 | | | | | | |
| 8. | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check | | | | | | | ashier's check, or money order | |
| | | | need to pay | y the fee in installments. If y | ou choose | this option, sign | and attach the Applicati | on for Individuals to Pay The | |
| | | | _ | Installments (Official Form 10 | , | lain nusinu nuli. 15. | | * P | |
| | | ne ye | ot required to our family si | at my fee be waived (You ma o, waive your fee, and may do ze and you are unable to pay t Chapter 7 Filing Fee Waived (| so only if y the fee in ir | our income is les estallments). If you | s than 150% of the office a choose this option, you | cial poverty line that applies to | |
| 9. | Have you filed for | □ No. | | | | | | | |
| | bankruptcy within the last 8 years? | Yes. | | | | | | | |
| | | | District | Northern District of Illinois | When | 9/28/12 | Case number | 12-38662 | |
| | | | District | Northern District of Illinois | When | 6/03/13 | Case number | 13-23068 | |
| | | | District | See Attachment | When | | Case number | *************************************** | |
| 10. | Are any bankruptcy cases | ■ No | | | | | | | |
| | pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | | |
| | | | Debtor | | | | Relationship to y | /ou | |
| | | | District | | When | | Case number, if | known | |
| | | | Debtor | | | | Relationship to y | /ou | |
| | | | District | | When | | Case number, if | known | |
| 11. | Do you rent your | □ No. | Go to i | ne 12. | | | | | |
| | residence? | Yes. | Has yo | ur landlord obtained an evictio | n judgmen | t against you and | do you want to stay in y | our residence? | |
| | | | | No. Go to line 12. | | | | | |
| | | | | Yes. Fill out <i>Initial Statement</i> bankruptcy petition. | About an l | Eviction Judgmen | t Against You (Form 10 | 11A) and file it with this | |

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| Del | ptor 1 Harper, Angela La | atrice | | | Case number (if known) | | | |
|------|--|------------------------|---|---|---|--|--|--|
| | | | | | | | | |
| Pai | t 3: Report About Any Bu | sinesses | You Own as a | Sole Propriet | tor | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part | 4. | | | | |
| | | ☐ Yes. | Name and | location of bu | siness | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach it | | Number, S | ireet, City, Sta | ate & ZIP Code | | | |
| | to this petition. | | Check the | appropriate bo | ox to describe your business: | | | |
| | | | ☐ Hea | Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | | |
| | | | Sin | gle Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | | |
| | | | ☐ Sto | ckbroker (as d | defined in 11 U.S.C. § 101(53A)) | | | |
| | | | ☐ Cor | nmodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | ☐ Nor | ne of the above | е | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor? | deadline: operation | u are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appro- flines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statemer ations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the proced C. 1116(1)(B). | | | | | |
| | For a definition of small | No. | i am not fili | ng under Chap | pter 11. | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing u Code. | nder Chapter | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | | |
| | | ☐ Yes. | l am filing u | nder Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| Pari | 4: Report if You Own or | Have Any | Hazardous Pro | operty or Any | y Property That Needs Immediate Attention | | | |
| 14. | Do you own or have any | No. | | | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable | ☐ Yes. | What is the ha | -Zord? | | | | |
| | hazard to public health or | | virial is the na | Zaid? | | | | |
| | safety? Or do you own any property that needs immediate attention? | | If immediate a needed, why is | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the p | roperty? | | | | |
| | | | | | Number, Street, City, State & Zip Code | | | |
| | | | ~~~ | | | | | |

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Page 5 of 37 Document Harper, Angela Latrice Case number (if known) Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 15. Tell the court whether You must check one: You must check one: I received a briefing from an approved credit you have received a I received a briefing from an approved credit briefing about credit counseling agency within the 180 days before ! counseling agency within the 180 days before I filed counseling. filed this bankruptcy petition, and I received a this bankruptcy petition, and I received a certificate of certificate of completion. completion. The law requires that you Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan. receive a briefing about credit counseling before you if any, that you developed with the agency. that you developed with the agency. file for bankruptcy. You must truthfully check one of I received a briefing from an approved credit I received a briefing from an approved credit the following choices. If you counseling agency within the 180 days before I counseling agency within the 180 days before I filed filed this bankruptcy petition, but I do not have a cannot do so, you are not this bankruptcy petition, but I do not have a certificate eligible to file. certificate of completion. of completion. Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you if you file anyway, the court you MUST file a copy of the certificate and payment MUST file a copy of the certificate and payment plan, if any. can dismiss your case, you plan, if any. will lose whatever filing fee you paid, and your creditors I certify that I asked for credit counseling I certify that I asked for credit counseling services can begin collection services from an approved agency, but was from an approved agency, but was unable to obtain activities again. those services during the 7 days after I made my unable to obtain those services during the 7 days after I made my request, and exigent request, and exigent circumstances merit a 30-day circumstances merit a 30-day temporary waiver temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what obtain the briefing, why you were unable to obtain it before efforts you made to obtain the briefing, why you were you filed for bankruptcy, and what exigent circumstances unable to obtain it before you filed for bankruptcy, and required you to file this case. what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for Your case may be dismissed if the court is bankruptcy. dissatisfied with your reasons for not receiving a if the court is satisfied with your reasons, you must still briefing before you filed for bankruptcy. receive a briefing within 30 days after you file. You must file If the court is satisfied with your reasons, you must a certificate from the approved agency, along with a copy of still receive a briefing within 30 days after you file. the payment plan you developed, if any. If you do not do so, You must file a certificate from the approved agency, along with a copy of the payment plan you developed. your case may be dismissed. if any. If you do not do so, your case may be Any extension of the 30-day deadline is granted only for dismissed. cause and is limited to a maximum of 15 days. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about I am not required to receive a briefing about credit credit counseling because of: counseling because of: Incapacity. Incapacity. I have a mental illness or a mental deficiency I have a mental illness or a mental deficiency that that makes me incapable of realizing or making makes me incapable of realizing or making rational rational decisions about finances. decisions about finances. Disability. Disability. My physical disability causes me to be unable My physical disability causes me to be unable to to participate in a briefing in person, by phone, participate in a briefing in person, by phone, or through or through the internet, even after I reasonably the internet, even after I reasonably tried to do so.

Active duty.

combat zone.

counseling with the court.

I am currently on active military duty in a military

If you believe you are not required to receive a briefing about

credit counseling, you must file a motion for waiver of credit

tried to do so. Active duty.

military combat zone.

waiver credit counseling with the court.

I am currently on active military duty in a

If you believe you are not required to receive a briefing

about credit counseling, you must file a motion for

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| Del | otor 1 Harper, Angela L | atrice | | Case nun | nber (if known) | | | |
|------|---|--|---|--|---|--|--|--|
| Par | t 6: Answer These Questi | ons for Re | eporting Purposes | | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily individual primarily for a pe | / consumer debts? Consumer debts are de ersonal, family, or household purpose." | efined in 11 U.S.C.§ 101(8) as "incurred by an | | | |
| | | | ☐ No. Go to líne 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16b. | Are your debts primarily for a business or investme | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you | owe that are not consumer debts or busines | s debts | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chap | oter 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | Yes. | | Do you estimate that after any exempt prop lable to distribute to unsecured creditors? | erty is excluded and administrative expenses are | | | |
| | administrative expenses are paid that funds will be available for distribution to unsecured creditors? | | ■ No | | | | | |
| | | | ☐ Yes | | | | | |
| 18. | | 1 -49 | | 1,000-5,000 | ☐ 25,001-50,000 | | | |
| | you estimate that you owe? | □ 50-99 | | 5001-10,000 | 5 0,001-100,000 | | | |
| | | ☐ 100-19 ☐ 200-99 | | □ 10,001-25,000 | ☐ More than100,000 | | | |
| 19. | How much do you | \$ \$0 - \$! | 50.000 | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | | 01 - \$100,000 | ☐ \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion | | | |
| | | | 001 - \$500,000 001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| 20. | How much do you | \$0 - \$0 | 50,000 | □ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your liabilities to be? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | | |
| | | □ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| Part | 7: Sign Below | | | | | | | |
| For | you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | | |
| | | If I have of States Co | chosen to file under Chapte ode. I understand the relief a | r 7, I am aware that I may proceed, if eligible vailable under each chapter, and I choose to | e, under Chapter 7, 11,12, or 13 of title 11, United proceed under Chapter 7. | | | |
| | | | | not pay or agree to pay someone who is not uired by 11 U.S.C. § 342(b). | an attorney to help me fill out this document, I | | | |
| | | I request | relief in accordance with the | e chapter of title 11, United States Code, sp | ecified in this petition. | | | |
| | | case dan | result in fines up to \$250,00 | t, concealing property, or obtaining money or 0, or imprisonment for up to 20 years, or both | property by fraud in connection with a bankruptcy n. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | |
| | | | Latrice Harper of Debtor 1 | Signature of Deb | tor 2 | | | |
| | | Executed | | Executed on | | | | |
| | | | MM / DD / YYYY | | M / DD / YYYY | | | |

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| Debtor 1 | Harper, Angela Latrice | Case number (if known) | |
|----------|------------------------|------------------------|--|
|----------|------------------------|------------------------|--|

| Debtor 1 | Angela Latrice H | arper | |
|---------------------|--------------------------|-------------------|-------------------------------|
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION |
| Case number | | | |

 Check if this is an amended filing

FORM 101. VOLUNTARY PETITION

Prior Bankruptcy Cases Filed Attachment

| District | Case Number | Date Filed |
|-------------------------------|-------------|------------|
| Northern District of Illinois | 16-27312 | 8/25/16 |
| Northern District of Illinois | 14-36223 | 10/06/14 |
| Northern District of Illinois | 13-23068 | 6/03/13 |
| Northern District of Illinois | 12-38662 | 9/28/12 |

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Debtor 1

Angela Latrice Harper

First Name Middle Name

Last Name

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

| be familiar with any state exemption laws that apply. | |
|--|---|
| Are you aware that filing for bankruptcy is a serious act consequences? No Yes | ion with long-term financial and legal |
| Are you aware that bankruptcy fraud is a serious crime inaccurate or incomplete, you could be fined or imprisor No | |
| Did you pay or agree to pay someone who is not an atto No Yes. Name of Person | |
| By signing here, I acknowledge that I understand the ris have read and understood this notice, and I am aware t attorney may cause me to lese my rights or property if I | hat filing a bankruptcy case without an |
| (men Narpes) x | |
| Signature of Mebtor 1 Date 5-23-1983 MM / DD / YYYY | Signature of Debtor 2 Date MM / DD / YYYY |
| Contact phone 773-757 7261 | Contact phone |
| Cell phone | Cell phone |
| Email address Ungilent 59 (Wagnar) con | Nemail address |

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| ा वि | I in this information to identify your | | | | |
|----------|--|------------------------------|---|----------------------------|----------------------|
| 2000000 | | | | | |
| De | btor 1 Angela Latrice First Name | Middle Name | Last Name | | |
| 1 | btor 2 ouse if, filing) First Name | Middle Name | Last Name | | |
| Un | ited States Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION | | |
| | , , , | | | | |
| ł | se number | | | ☐ Check | if this is an |
| <u> </u> | | | | amend | led filing |
| | | | | | |
| | ficial Form 106Sum | | | | |
| | | | d Certain Statistical Information refiling together, both are equally responsible for | | 2/15 |
| info | | es first; then complete the | information on this form. If you are filing amende | | |
| Pai | t 1: Summarize Your Assets | | | | |
| | | | | Your as Value of | sets what you own |
| 1. | Schedule A/B: Property (Official Fo | | | | 0.00 |
| | | | | \$ | 0.00 |
| | 1b. Copy line 62, Total personal pro | perty, from Schedule A/B | | \$ | 2,819.00 |
| | 1c. Copy line 63, Total of all propert | y on Schedule A/B | | \$ | 2,819.00 |
| Par | 12. Summarize Your Liabilities | | | ···· | |
| | | | | Your lia Amount | |
| 2. | Schedule D: Creditors Who Have Cl. 2a. Copy the total you listed in Colum | | Official Form 106D) bottom of the last page of Part 1 of <i>Schedule D</i> | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have 8 3a. Copy the total claims from Part | | orm 106E/F)) from line 6e ofchedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part | 2 (nonpriority unsecured cla | ims) from line 6j of chedule E/F | \$ | 8,843.00 |
| | | | | | <u>,</u> |
| | | | Your total liabilities | \$ | 8,843.00 |
| E. | en e | # | | <u> </u> | |
| | 13 Summarize Your Income and | | | ~ ~ ~ | |
| 4. | Schedule I: Your Income(Official Fol Copy your combined monthly incom- | | | \$ | 600.00 |
| 5. | Schedule J: Your Expenses (Official | | | _ | 4.445.00 |
| | Copy your monthly expenses from line | e 22c of Schedule J | | \$ | 1,145.00 |
| Раг | 14: Answer These Questions for | Administrative and Statist | cal Records | | <u> </u> |
| 6. | Are you filing for bankruptcy under No. You have nothing to report of | • | k this box and submit this form to the court with your of | her schedule | s. |
| 7. | Yes What kind of debt do you have? | | | | |
| | Your debts are primarily conspurpose." 11 U.S.C. § 101(8). F | | ots are those "incurred by an individual primarily for a pal purposes. 28 U.S.C§ 159. | ersonal, fami | y, or household |
| | Your debts are not primarily of court with your other schedules. | consumer debts. You have | nothing to report on this part of the form. Check this bo | x and submi | this form to the |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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| Deb | tor 1 Harper, Angela Latrice | Case number (if known) | |
|-----|--|-------------------------------------|----|
| 8. | From the Statement of Your Current Monthly Income: Copy your total current 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | t monthly income from Official Form | \$ |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Tota | al claim |
|--|------|----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy fine 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| | | 2004 | | | |
|---|--|---|--|--|--|
| Fill in this inform | nation to identify your | case and this filing: | | | |
| Debtor 1 | Angela Latrice H | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Ba | nkruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS, EASTERN DIVISIO | ON | |
| Case number | | | | | |
| | | | | | Check if this is an amended filing |
| | | | | | • |
| Official Fo | rm 106A/B | | | | |
| | e A/B: Prop | artv | | | 40/40 |
| | | | nce. If an asset fits in more than or | ne category list the asset in | 12/15 |
| think it fits best. Be | e as complete and accura e space is needed, attach | te as possible. If two married | people are filing together, both ar . On the top of any additional page | e equally responsible for s | upplying correct |
| Part 1: Describe | Each Residence, Building | , Land, or Other Real Estate ` | You Own or Have an Interest In | | |
| | ······ | | uilding, land, or similar property? | | |
| _ | | interest in any residence, po | anding, land, or similar property? | | |
| No. Go to Part | | | | | |
| ☐ Yes. Where is | s the property? | | | | |
| Part 2: Describe | Your Vehicles | | | | |
| Do wou own loos | s or boug local ar social | dable independ in according | | 1 | 4.1 |
| someone else drive | e, of have legal of equi- es. If you lease a vehicle, | also report it on Schedule (| cles, whether they are registered: E: Executory Contracts and Unex | e d or not? Include any ver (pired Leases. | licles you own that |
| 3 Care vane tru | icke tractore enort siti | lity vehicles, motorcycles | | | |
| o. Cars, valis, au | icks, tractors, sport uti | nty venicles, motorcycles | | | |
| □ No | | | | | |
| Yes | | | | | |
| 0.4 N | Vissan | | | Do not deduct secured a | claims or exemptions. Put |
| 1 | Nurano | | st in the property? Check one | the amount of any secu | ed claims on Schedule D: |
| 1712401 | 2006 | Debtor 1 only Debtor 2 only | | | ims Secured by Property. |
| Approximate | | | ebtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| Other inform | ation: | ☐ At least one of th | ne debtors and another | | |
| *************************************** | | Check if this is (see instructions) | community property | \$1,819.00 | \$1,819.00 |
| L | | | | | |
| 4 Watercraft air | eraft motor homes AT | Vs and other recreational | vehicles, other vehicles, and a | .cooccorioc | |
| | | | s, snowmobiles, motorcycle acces | | |
| 開始 | | | | | |
| ■ No □ Yes | | | | | |
| LI Yes | | | | | |
| | | | | | |
| 5 Add the dollar | value of the portion yo | ou own for all of your entr | ies from Part 2, including any | entries for pages | |
| | | | ······································ | | \$1,819.00 |
| Sart St. Doccribo V | Your Darconstand House | hald Hama | | | |
| | our Personal and House ave any legal or equital | noid items ble interest in any of the fe | ollowing items? | | Current value of the |
| , | , | and the second | | | portion you own? Do not deduct secured claims or exemptions. |
| | ds and furnishings | | | | oranio or exemptions. |
| Examples: Majo | or appliances, furniture, li | nens, china, kitchenware | | | |

Official Form 106A/B

Schedule A/B: Property

page 1

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| Debtor 1 | Harper, An | igela Latrice | | Case number <i>(if kn</i> oи | /n) |
|----------------------------|---|--|--|------------------------------|---|
| Yes | s. Describe | Household Furnishings | | | \$800,00 |
| | | Trouseriou i uninsimiga | | | —————————————————————————————————————— |
| ■ No | ples: Televisions a | and radios; audio, video, stereo, a ell phones, cameras, media play | and digital equipment; computers, printers ers, games | , scanners; music co | ollections; electronic devices |
| 8. Collec | tibles of value oles: Antiques and | d figurines; paintings, prints, or of memorabilia, collectibles | ther artwork; books, pictures, or other art o | objects; stamp, coin, | or baseball card collections; other |
| ☐ Yes | s. Describe | | | | |
| Examp No | ment for sports a bles: Sports, photo instruments | ographic, exercise, and other hob | by equipment; bicycles, pool tables, golf o | clubs, skis; canoes a | nd kayaks; carpentry tools; musical |
| No. | | es, shotguns, ammunition, and re | elated equipment | | |
| □ No | | lothes, furs, leather coats, design | er wear, shoes, accessories | | |
| | | Clothing | | | \$200.00 |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| No No | | welry, costume jewelry, engagem | ent rings, wedding rings, heirloom jewelry | y, watches, gems, go | ld, silver |
| Exan No | arm animals nples: Dogs, cats, Describe | birds, horses | | | |
| ■ No | • | · | ot already list, including any health aid | ls you did not list | |
| ∟ Yes | . Give specific in | romation | | | |
| | | of all of your entries from Par mber here | t 3, including any entries for pages yo | u have attached fo | \$1,000.00 |
| Part 4: D | escribe Your Fina | ncial Assets | | | |
| STATE OF STATE OF STATE OF | | legal or equitable interest in ar | ny of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| M No | | | in a safe deposit box, and on hand when | you file your petition | |
| Yes اسا | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ****************************** | | |

Official Form 106A/B

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| D | ebtor 1 | Harper, Angela Latrice | Case number (if known) |
|-----|-------------------|---|---|
| 17 | | s of money es: Checking, savings, or other financial institutions. If you have multiple ac | accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar counts with the same institution, list each. |
| | | | Institution name: |
| 18 | Examp | mutual funds, or publicly traded stoces: Bond funds, investment accounts wi | ks h brokerage firms, money market accounts |
| | No Yes | Institution or i | ssuer name: |
| 19 | joint ve | olicly traded stock and interests in in nture | corporated and unincorporated businesses, including an interest in an LLC, partnership, and |
| | ■ No □ Yes. | Give specific information about them, | |
| | | Name of entity: | % of ownership: |
| 20 | Negotia Non-ne | ble instruments include personal checks | negotiable and non-negotiable instruments , cashiers' checks, promissory notes, and money orders. it transfer to someone by signing or delivering them. |
| | No Yes. C | ive specific information about them | |
| | | Issuer name: | |
| 21 | Exampl No | | (k), 403(b), thrift savings accounts, or other pension or profit-sharing plans |
| | ☐ Yes. L | st each account separately. Type of account: | Institution name: |
| 22 | Your sh | deposits and prepayments are of all unused deposits you have mad es: Agreements with landlords, prepaid r | e so that you may continue service or use from a company ent, public utilities (electric, gas, water), telecommunications companies, or others |
| | | | Institution name or individual: |
| 23. | Annuitie No | s (A contract for a periodic payment of n | oney to you, either for life or for a number of years) |
| | ☐ Yes | Issuer name and descript | on. |
| 24. | | in an education IRA, in an account in §§ 530(b)(1), 529A(b), and 529(b)(1). | a qualified ABLE program, or under a qualified state tuition program. |
| | ☐ Yes | Institution name and descr | iption. Separately file the records of any interests.11 U.S.C. § 521(c); |
| 25. | No No | | ty (other than anything listed in line 1), and rights or powers exercisable for your benefit |
| | | Sive specific information about them | |
| | Example No | | s, and other intellectual property ceeds from royalties and licensing agreements |
| | ☐ Yes. (| live specific information about them | |
| | Example No | | gibles coperative association holdings, liquor licenses, professional licenses |
| | ☐ Yes. (| ive specific information about them | |
| Mo | oney or p | operty owed to you? | Current value of the portion you own? |

portion you own?
Do not deduct secured claims or exemptions.

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| D | ebtor 1 | Harper, Angela | Latrice | Case number (if known) | |
|------------|------------------|------------------------------|--|--|---------------------------------|
| 28. | | funds owed to you | | | |
| | ■ No □ Yes. | Give specific informa | ation about them, including whether you alread | y filed the returns and the tax years | |
| | | · | , | , , | *** |
| 29. | | support | n sum alimany spausal support, shild suppo | ort, maintenance, divorce settlement, property | aattamant |
| | No No | pies. Fast due of fulfi | p sum amnony, spousar support, chie suppo | it, maintenance, divorce settlement, property | Settlement |
| | ☐ Yes. | Give specific informa | ation | | |
| 30. | Other a Examp | | owes you disability insurance payments, disability benefit ou made to someone else | ts, sick pay, vacation pay, workers' compensa | tion, Social Security benefits; |
| | | Give specific informa | ation | | |
| ? 1 | Interes | its in insurance polic | rias | | |
| ٠,, | | | | 6A); credit, homeowner's, or renter's insurance | |
| | | Name the insurance of | company of each policy and list its value. | | |
| | | | Company name: | Beneficiary: | Surrender or refund value: |
| 32. | If you a died | | at is due you from someone who has died a living trust, expect proceeds from a life insur | rance policy, or are currently entitled to receive | property because someone has |
| | ■ No □ Yes | Give specific informa | ation | | |
| | | ove opeome interne | | | |
| | | | s, whether or not you have filed a lawsuit oyment disputes, insurance claims, or rights | | |
| | ☐ Yes. | Describe each claim | 1 | | |
| | Other o | contingent and unliq | uidated claims of every nature, including | counterclaims of the debtor and rights to s | et off claims |
| | ☐ Yes. | Describe each claim | 1 | | |
| | Any fin | ancial assets you di | id not aiready list | | |
| | | Give specific informa | ation | | |
| 36 | | | l of your entries from Part 4, including any | | \$0.00 |
| Pai | t 5: Des | scribe Any Business-R | Related Property You Own or Have an Interest In | n. List any real estate in Part 1. | |
| _ | | | or equitable interest in any business-related pro | operty? | |
| | | to Part 6. So to line 38. | | | |
| ٠ | I T∉S. G | 50 to line 38. | | | |
| Pai | | | Commercial Fishing-Related Property You Own est in farmland, list it in Part 1. | or Have an Interest In. | |
| 6. | | own or have any leg | gal or equitable interest in any farm- or co | mmercial fishing-related property? | |
| | | Go to line 47. | | | |
| | | | | | |
| | + 7. | Deceribe All Dropert | Vou Own or Have an Interact in That You Did | Not Liet Abova | |

.....

Describe All Property You Own or Have an Interest in That You Did Not List Abov

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| Det | Harper, Angela Latrice | | Case number (if known) | |
|------|---|---|---|----------------------|
| _ | Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No | | | |
| | Yes. Give specific information | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write that | number here | | \$0.00 |
| Part | List the Totals of Each Part of this Form | | - | |
| 55. | Part 1: Total real estate, line 2 | *************************************** | *************************************** | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | \$1,819.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$1,000.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$0.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add fines 56 through 61 | \$2,819.00 | Copy personal property total | al \$2,819.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | [| \$2,810,00 |

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| | | | Document | | Page 16 of 37 | |
|--|--|---|--|-------------------------|--|---------------------------------------|
| Fill in t | this information to | identify your ca | ise: | | | |
| Debtor | 71119 | ela Latrice Ha | | | | |
| Debtor | First N | ame | Middle Name | 1 | Last Name | |
| (Spouse | | ame | Middle Name | ī | ast Name | |
| United | States Bankruptcy | Court for the: | NORTHERN DISTRICT OF I | ILLIN | OIS, EASTERN DIVISION | |
| Case n | umber | | | | | |
| (if known |) | | | | | Check if this is an amended filing |
| *************************************** | ial Form 10 | | perty You Clai | im | as Exempt | 4/16 |
| property out and a known). For each specific | you listed on Scher attach to this page a h item of property dollar amount as | dule A/B: Property as many copies of you claim as ex exempt. Alterna | (Official Form 106A/B) as you Part 2: Additional Page as nec empt, you must specify the tively, you may claim the ful | ur sou cessa amoi | urce, list the property that you claim a lary. On the top of any additional page ount of the exemption you claim. O market value of the property beir | ng exempted up to the amount of any |
| funds- to a par applicat | may be unlimited ticular dollar amo ble statutory amou | in dollar amount unt and the value int. | t. However, if you claim an e e of the property is determin | exemp | s, rights to receive certain benefit otion of 100% of fair market value o exceed that amount, your exemp | under a law that limits the exemption |
| | Identify the Pro | | | | | |
| 1. Wh | ich set of exempti | ons are you clai | ming? Check one only, even i | if you | r spouse is filing with you. | |
| | You are claiming sta | te and federal nor | nbankruptcy exemptions. 11 U | U.S.C. | . § 522(b)(3) | |
| | • | · | 11 U.S.C. § 522(b)(2) | | | |
| 2. For | any property you | list on Schedule | A/B that you claim as exem | npt, fi | ill in the information below. | |
| | of description of the dedule A/B that lists t | | on Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | san rano | | \$1,819.00 | | | 735 ILCS 5/12-1001(c) |
| 200 223 |)6 3603 | 2 2 4 | | | 100% of fair market value, up to any applicable statutory limit | |
| Line | e from Schedule A/l | 5. 3. 1 | | | | |
| | usehold Furnis from Schedule A/b | _ | \$800.00 | | | 735 ILCS 5/12-1001(b) |
| LINE | e irom schedule Avi | 2. 0. 1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | thing | | \$200.00 | | | 735 ILCS 5/12-1001(b) |
| Line | e from Schedule A/L | 3 11.1 | | 17 | 100% of fair market value, up to | |

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No.

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

□ No

☐ Yes

Official Form 106C

Schedule C: The Property You Claim as Exempt

any applicable statutory limit

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| Fill in this infor | mation to identify your | case: | | | |
|------------------------|--------------------------|-------------------|----------------------------|-------------|-----------------------|
| Debtor 1 | Angela Latrice H | arper | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVIS | SION | |
| Case number (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

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| | | Doco | inchi i age | , 10 01 37 | | |
|--|---|---|---|--|--|--|
| Fill in this in | formation to identify your | case: | | | | |
| Debtor 1 | Angela Latrice H | 25205 | | Marie Ma | | |
| Scoto, 1 | First Name | Middle Name | Last Name | 8 | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | } | | |
| United States | s Bankruptcy Court for the: | NORTHERN DISTR | RICT OF ILLINOIS, EA | ISTERN DIVISION | | |
| Case numbe (if known) | Г | | | | | Check if this is an amended filing |
| | orm 106E/F e E/F: Creditors W | /ho Havo Ilne | soured Claims | | | 40/45 |
| | e and accurate as possible. Us | | | | | 12/15 |
| Schedule G: E: D: Creditors W the Continuation case number (i | contracts or unexpired leases secutory Contracts and Unexpi ho Have Claims Secured by Pr on Page to this page. If you have f known). st All of Your PRIORITY Un: | ired Leases (Official For operty. If more space is ve no information to rep | m 106G). Do not includ needed, copy the Part | te any creditors with pa you need, fill it out, nu | artially secured claims to imber the entries in the | that are listed in Schedule boxes on the left. Attach |
| | editors have priority unsecured | ···· | | | ······································ | |
| No. Go | • • | a ciumo aguntot you. | | | | |
| | to rait 2. | | | | | |
| Yes. | st All of Your NONPRIORITY | / Umanauvad Cinima | | | | |
| | | | _ | | | |
| | editors have nonpriority unsec | - | | | | |
| L. No. Yo | u have nothing to report in this pa | art. Submit this form to the | court with your other so | hedules. | | |
| Yes. | | | | | | |
| unsecured | your nonpriority unsecured cla claim, list the creditor separately reditor holds a particular claim, lis | for each claim. For each | claim listed, identify wha | it type of claim it is. Do n | ot list claims already incl | uded in Part 1. If more |
| | | | | | | Total claim |
| 4.1 City | of Chicago | Last 4 d | igits of account numbe | r 6550 | | \$766.00 |
| Nonpr | iority Creditor's Name | | _ | | | 4700.00 |
| POE | artment of Finance Box 88292 | When w | as the debt incurred? | <u></u> | | |
| | ago, IL 60680-1292 er Street City State Zip Code | As of the | e date you file, the clain | wie. Chaok all that anni | | |
| | ncurred the debt? Check one. | A3 OI UI | e date you me, the claim | ii is. Check an that apply | у | |
| | btor 1 only | ☐ Conti | | | | |
| | btor 2 only | | = | | | |
| | btor 1 and Debtor 2 only | Unliq | | | | |
| | least one of the debtors and ano | ☐ Dispu | _{lted} NONPRIORITY unsecur | red claim: | | |
| | | | | www.willitti | | |
| iii Ch debt | eck if this claim is for a comm | idinty | ations arising out of a sep | paration agreement or di | ivorce that you did not | |
| Is the | claim subject to offset? | | priority claims | sergion agreement of di | ivorce mat you did not | |
| No | | ☐ Debts | to pension or profit-shar | ring plans, and other sim | nilar debts | |
| ☐ Ye | s | M Other | Specify Parking T | ickets . | | |

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| Debto | r 1 Harper, Angela Latrice | Case number (fknow) | |
|-------|--|---|------------|
| 4.2 | Commonwealth Edison Nonpriority Creditor's Name | Last 4 digits of account number 2122 When was the debt incurred? | \$2,095.00 |
| | 3 Lincoln Ctr Fl 4 Oakbrook Terrace, IL 60181-4204 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other, Specify Utility Bill | |
| 4.3 | Directv | Last 4 digits of account number | \$922.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | PO Box 9001069 Box 9001069 Louisville, KY 40290-1069 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim is. Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other Specify Collection | |
| 4.4 | Peoples Energy | Last 4 digits of account number 3716 | \$5,060.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | 130 E Randolph St Chicago, IL 60601-6207 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | | |
| | | Other. Specify Utility Bill | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Debtor 1 Harper, Angela Latrice | | Case number (f know) |
|---|---|--|
| Name and Address Enhanced Recovery Company PO Box 57547 Jacksonville, FL 32241-7547 | On which entry in Part 1 or Part 2 did Line 4.3 of (Check one): | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| , , , , , , , , , , , , , , , , , , , | Last 4 digits of account number | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------------|-----|---|-----|---------------------------|
| Total alabasa | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| Total claims | 6f. | Student loans | 6f. | \$ Total Claim 0.00 |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 8,843.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 8,843.00 |

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| Fill i | n this info | rmation to identify your | case: | | | |
|---------------------------------|--|--|---|---|--|--|
| Debt | or 1 | Angela Latrice H | larper Middle Nan | 1 | ast Name | |
| Debt | | | MICCIO NAI | | dot (verific | |
| (Spous | se if, filing) | First Name | Middle Nan | ne L | asi Name | |
| Unite | ed States B | Bankruptcy Court for the: | NORTHERN | DISTRICT OF ILLIN | DIS, EASTERN DIVISION | |
| Case (if know | number | | | | | ☐ Check if this is an amended filing |
| | | orm 106G e G: Executor | y Contrac | cts and Une | expired Leases | 12/15 |
| Be as informadditi 1. [[2. L | complete nation. If n onal page Do you hav No. Che Yes. Fill List separa | and accurate as possib- nore space is needed, co s, write your name and o we any executory contra- ck this box and file this for in all of the information be ately each person or con- ent, vehicle lease, cell pl | le. If two married opy the addition case number (if lets or unexpired m with the court vilow even if the conpany with whor pany with whor | d people are filing to al page, fill it out, n known). I leases? vith your other sched ntacts of leases are li m you have the con | ogether, both are equally respons umber the entries, and attach it to ules. You have nothing else to report sted on Schedule A/B:Property (Offitract or lease. Then state what earn in the instruction booklet for more of | this page. On the top of any ton this form. cial Form 106 A/B). ch contract or lease is for (for |
| 2.1 | • | r company with whom y Name, Number, Street, City | | tract or lease | State what the contract or lease | is for |
| £. 1 | Name | | | | | |
| | Number | Street | | | • | |
| | City | | State | ZIP Code | *************************************** | |
| 2.2 | Name | | | | | |
| | Number | Street | | | | |
| | City | ************************************** | State | ZIP Code | | |
| 2.3 | Name | | | | | |
| | Number | Street | | | | |
| 2.4 | City | | State | ZIP Code | | |
| Z. 21 | Name | | ······································ | | | |
| | Number | Street | | | | |
| 2.5 | City | | State | ZIP Code | | |
| 2.0 | Name | | | ************************************** | | |
| | Number | Street | | ************************************* | | |

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| | | Doddii. | ont 1 ago 22 | 0.01 | |
|----------------------------|--|--|--|--|--|
| Fill in thi | s information to identify yo | our case: | | | |
| Debtor 1 | Angela Latric | e Harper | | | |
| | First Name | Middle Name | Last Name | <u> </u> | |
| Debtor 2 (Spouse if, fi | ling) First Name | Middle Name | Last Name | | |
| | | | | DATE ON CIOCOAT | |
| Office St | ates Bankruptcy Court for th | e. NORTHERN DISTRIC | F OF ILLINOIS, EASTER | AN DIVISION | |
| Case nun | nber | | | | |
| (II KIIOWII) | | | | | ☐ Check if this is an amended filing |
| | | | · · · · · · · · · · · · · · · · · · · | · | aa.i.a.a iii.iig |
| Officia | al Form 106H | | | | |
| Sched | dule H: Your Co | odebtors | | | 12/15 |
| and numb case numl | er the entries in the boxes ber (if known). Answer eve | on the left. Attach the Addit | ional Page to this page | . On the top of any Ado | opy the Additional Page, fill it out, ditional Pages, write your name and |
| 1. 00 | you have any codeptors? | (if you are filing a joint case, o | o not list either spouse as | s a codeptor. | |
| No Yes | | | | | |
| 2. Wit Califo | thin the last 8 years, have y | ou lived in a community produced in a community produc | operty state or territory , Texas, Washington, an | /? (Community property ad Wisconsin.) | states and territories include Arizona, |
| No. | . Go to line 3. | | | | |
| | | oouse, or legal equivalent live v | ith you at the time? | | |
| | | | • | | |
| line 2 | again as a codebtor only i , Schedule E/F (Official Fo | f that person is a guarantor | or cosigner. Make sure | you have listed the cr | with you. List the person shown in reditor on Schedule D (Official Form e E/F, or Schedule G to fill out |
| | Column 1: Your codebtor Name, Number, Street, City, State a | nd ZIP Code | | Column 2: The cre Check all schedule | ditor to whom you owe the debt s that apply: |
| 3.1 | | | | Schedule D. line | <u>a</u> |
| - t | Name | ··········· | | ☐ Schedule E/F, li | |
| | | | | Schedule G, line | e |
| • | Number Street | | | | |
| | City | State | ZIP Code | | |
| 20 | | | · | По-1 | <u> </u> |
| 3.2 | Name | | | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule D, line ☐ Schedule | |
| | | | | Schedule G, line | |
| - | Number Street | · · · · · · · · · · · · · · · · · · · | | | |
| | City | State | ZIP Code | | |

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| E ii | in this information to identify your ca | | | 66 (30 (10 s) to | aceterálok | 2 | | | |
|-----------------------|---|--|------------------------------------|--|--------------|---------------------|-----------------------|------------------------------------|------------|
| | btor 1 Angela Latri | | | 900000000000000000000000000000000000000 | 249492944(3) | | | | |
| 1 | btor 2 buse, if filing) | | | | | | | | |
| Un | ited States Bankruptcy Court for the: | NORTHERN DISTRI | CT OF ILLINOIS, EA | STERN | | | | | |
| (If k | se number | | | ************************************* | | | ed filing ent show | ving postpetition llowing date: | chapter 13 |
| | Official Form 106I | | | | | | YYYY | | |
| S | chedule I: Your Inco | ome | | | | | | | 12/15 |
| spo atta | plying correct information. If you a use. If you are separated and your ch a separate sheet to this form. O 11: Describe Employment Fill in your employment | spouse is not filing wit | h you, do not includ | le inforr | natio | about vour spor | ise. If m | ore space is ne | eded. |
| 1. | information. | | Debtor 1 | | | Debtor | 2 or non | -filing spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed □ Not employed | | | □ Emp □ Not e | loyed employed | t | |
| | employers. Include part-time, seasonal, or self-employed work. | Occupation Employer's name | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | |
| | | How long employed th | nere? | | | - | | | **** |
| Par | Give Details About Mont | hly Income | | | | | | | |
| E sti unle: | mate monthly income as of the dat ss you are separated. | e you file this form. If yo | ou have nothing to rep | ort for a | ny line | write \$0 in the sp | ace, inclu | ude your non-filir | ng spouse |
| f you | a or your non-filing spouse have more e, attach a separate sheet to this form | than one employer, comb | pine the information fo | r all emp | loyers | for that person on | the lines | below. If you ne | ed more |
| | | | | | | For Debtor 1 | | Debtor 2 or filing spouse | |
| 2. | List monthly gross wages, salary deductions). If not paid monthly, cal | , and commissions (bet culate what the monthly v | fore all payroll vage would be. | 2. | \$ | 0.00 | \$ | N/A | |
| 3. | Estimate and list monthly overting | ne pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add line | 2 + line 3. | | 4. | \$ | 0.00 | \$_ | N/A | |

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| De | btor 1 | Harper, Angela Latrice | - | Cas | e number (if known) | | | |
|-----|----------------|--|----------------------------|-------------|--|--------------------|-----------------------|--------|
| | Com | vy line 4 hour | | Fo | r Debtor 1 | | or 2 or g spouse | |
| | | y line 4 here | 4. | \$_ | 0.00 | \$ | N/A | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A | |
| | 5e. | Insurance | 5 e . | \$_ | 0.00 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | N/A | |
| | 5h. | Other deductions. Specify: | 5h.+ | \$ | 0.00 | + \$ | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 0.00 | \$ | N/A | |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | _ | | ** | | |
| | 8b. | monthly net income. | 8a. | \$_ | 0.00 | \$ | N/A | |
| | 8c. | Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | 8b. | \$ _ | 0.00 | \$ | N/A | |
| | | settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | N/A | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Snap Benefits | 8f. | \$ | 600.00 | \$ | N/A | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | N/A | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$ | | + \$ | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 600.00 | \$ | N/A | |
| 10. | | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$_ | | 600.00 + \$_ | N// | <u>A</u> = [\$ | 600.00 |
| 11. | Include other | e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your defiriends or relatives. In our partner of the second seco | pendent | | | | . +\$ | 0.00 |
| 12. | Add : Write | the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain | It is the o Liabilities | comb and | ined monthly inco Related <i>Data</i> , if it | ome. applies 12 | . \$ | 600.00 |
| 13. | Do yo | ou expect an increase or decrease within the year after you file this form? No. Yes. Explain: | · | | | | Combined monthly i | |

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| Fill | in this informa | ition to identify yo | our case: | | | | | | |
|-------------|----------------------------|--|---------------|--|--|-------------------------|----------------|---|---|
| Det | otor 1 | Angela Latri | ce Harp | er | | С | heck | if this is: | |
| 1 | otor 2 ouse, if filing) | | | | | |] A | | ng postpetition chapter 13 |
| (Sp | ouse, ir illing) | | | | | | ex | penses as of the f | ollowing date: |
| Unit | ted States Banki | ruptcy Court for the: | | HERN DISTRICT OF ILLIN RN DIVISION | NOIS, | | M | M / DD / YYYY | |
| 1 | se number nown) | | | | | | | | |
| | | rm 106J | , | | | | | | |
| | | J: Your E | | | | | | | 12/15 |
| info | ormation. If m | and accurate as ore space is nee er every questic | ded, attac | If two married people are th another sheet to this f | e filing together, bot orm. On the top of a | h are equ iny additi | ially ional | responsible for si pages, write you | upplying correct r name and case number |
| Par 1. | t 1: Descr | ibe Your Housel | hold | | | | | | |
| | ■ No. Go to | line 2. s Debtor 2 live ir | n a separa | te household? | | | | | |
| | □ N | = | t file Offici | al Form 106J-2,Expenses | for Separate Househ | old of Deb | otor 2 | | |
| 2. | Do vou have | e dependents? | □ No | | | | | | |
| | Do not list Debtor 2. | • | Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | Daughter | | | 14 | □ No ■ Yes |
| | | | | | Son | | | 11 | □ No ■ Yes |
| | | | | | Daughter | | | 11 | □ No ■ Yes |
| | | | | | | | | Harden (m. de ni) | □ No □ Yes |
| 3. | expenses of | enses include people other th your dependen | an 🗂 | No Yes | | | | | □ res |
| Esti exp | mate your ex | ate Your Ongoin penses as of you date after the ba | ur bankru | / Expenses ptcy filing date unless yo is filed. If this is a suppl | ou are using this for emental <i>Schedule J</i> , | m as a si , check th | ipple ie bo | ment in a Chapte x at the top of the | r 13 case to report form and fill in the |
| valu | | sistance and hav | | overnment assistance if d it on <i>Schedule I: Your I</i> | | Pins | | Your expei | |
| 4. | | r home ownersh | | es for your residence. In | clude first mortgage | 4. | \$ | | 0.00 |
| | If not include | | - | | | | - | , | |
| | 4a. Real e | state taxes | | | | 4 a. | \$ | | 0.00 |
| | | ty, homeowner's, | or renter's | insurance | | 4b. | · - | | 0.00 |
| | 4c. Home | maintenance, rep | pair, and u | okeep expenses | | 4c. | \$ _ | | 0.00 |
| ~ | | wner's associatio | | | | 4d. | _ | | 0.00 |
| 5. | Additional m | ortgage paymer | nts for you | ır residence, such as hon | ne equity loans | 5. | \$ _ | | 0.00 |

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| Deb | tor 1 Harper | , Angela Latrice | Case nun | mber (if known) | |
|------------|---------------------|---|---------------|--------------------|--------------------------|
| 6. | Utilities: | | | | |
| О. | | y, heat, natural gas | 60 | . \$ | 450.00 |
| | | ewer, garbage collection | | | 150.00 |
| | | ne, cell phone, Internet, satellite, and cable services | 6b. | | 0.00 |
| | | | 6c. | | 50.00 |
| | | | 6d. | | 0.00 |
| | | sekeeping supplies | 7. | | 600.00 |
| | | children's education costs | 8. | | 0.00 |
| | = | dry, and dry cleaning | 9. | | 100.00 |
| | | products and services | 10. | . \$ | 50.00 |
| 1. | | ental expenses | 11. | . \$ | 25.00 |
| 2. | | n. Include gas, maintenance, bus or train fare. | 40 | | 100.00 |
| | Do not include | | 12. | | |
| | | , clubs, recreation, newspapers, magazines, and books | 13. | | 0.00 |
| | | tributions and religious donations | 14. | \$ | 0.00 |
| i . | Insurance. | | | | |
| | | insurance deducted from your pay or included in lines 4 or 20. | | _ | |
| | 15a. Life insur | | 15a. | | 0.00 |
| | 15b. Health in | | 15b. | * | 0.00 |
| | 15c. Vehicle in | nsurance | 15c. | \$ | 70.00 |
| | 15d. Other ins | urance, Specify: | 15d. | \$ | 0.00 |
| | | nclude taxes deducted from your pay or included in lines 4 or 20. | | | |
| | Specify: | | 16. | \$ | 0.00 |
| | | lease payments: | | | |
| | , , | ents for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. Car paym | eents for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other Sp | pecify: | 17c. | \$ | 0.00 |
| | 17d. Other. Sp | pecify: | 17d. | \$ | 0.00 |
| | Your payments | s of alimony, maintenance, and support that you did not report as | | | |
| | | your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| | | s you make to support others who do not live with you. | | \$ | 0.00 |
| | Specify: | | 19. | | |
| | Other real prop | perty expenses not included in lines 4 or 5 of this form or on Scheo | | | |
| | | s on other property | 20a. | **** | 0.00 |
| | 20b. Real esta | | 20b. | \$ | 0.00 |
| | 20c. Property, | homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. Maintena | nce, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. Homeowr | ner's association or condominium dues | 20e. | \$ | 0.00 |
| | Other: Specify: | | 21. | +\$ | 0.00 |
| | 0-11-4 | 41.1 | | | |
| | | monthly expenses | | | • |
| | 22a. Add lines 4 | | | \$ | 1,145.00 |
| | | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | l |
| | 22c. Add line 22 | a and 22b. The result is your monthly expenses. | | \$ | 1,145.00 |
| | Calculata vaur | monthly not income | , | | |
| | - | monthly net income. | 22- | œ | 000.00 |
| | | 12 (your combined monthly income) from Schedule I. | 23a. | • | 600.00 |
| | 230. Copy you | r monthly expenses from line 22c above. | 23b. | -\$ | 1,145.00 |
| | 22n Cuhtrant | (our monthly expenses from your monthly income | İ | | |
| | Zoc. oubtract) | our monthly expenses from your monthly income. tis your monthly net income. | 23c. | \$ | -545.00 |
| | THE TESU | to you monthly net moonle. | 200. | L | |
| | Do you expect | an increase or decrease in your expenses within the year after you | u file this f | orm? | |
| | For example, do y | ou expect to finish paying for your car toan within the year or do you expect you | r mongage p | ayment to increase | or decrease because of a |
| | modification to the | terms of your mortgage? | , | | |
| | No. | | | | |
| | ☐ Yes. | Explain here: | | *** | |
| | | 1 | | | |

| Fill in this inform | nation to identify your | case: | | | |
|---|--|-------------------------|---------------------------|----------------------------|---|
| Debtor 1 | Angela Latrice H | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | inkruptcy Court for the: | NORTHERN DISTRIC | CT OF ILLINOIS, EASTER | RN DIVISION | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| O.C | 4000 | | | | |
| Official Forn | | n ladividua | i Dobtorio S | alaadiilaa | |
| Declarat | Juoda noi | in individua | I Debtor's S | cneaules | 12/15 |
| If two married pe | ople are filing together. | both are equally respo | nsible for supplying co | rrect information. | |
| You must file this | s form whenever you fil | e bankruptcy schedule: | s or amended schedules | s. Making a false statem | ent, concealing property, or |
| obtaining money | or property by fraud in 3 U.S.C. §§ 152, 1341, 15 | connection with a bank | kruptcy case can result | in fines up to \$250,000, | or imprisonment for up to 20 |
| , | 7 0.0.0. 33 TOL, TOTT, TO | 713, dila 3311. | | | |
| Sign | n Below | | | | |
| Did you pay | or agree to pay some | one who is NOT an atto | rney to help you fill out | bankruptcy forms? | |
| | | | , | | |
| No No | | | | | |
| ☐ Yes N | lame of person | | | | ruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| | | | | | , |
| Under penalt that they are | ty of perjury, I declare t | hat I have read the sum | mary and schedules file | ed with this declaration a | and |
| × Ch | undes | 27 | x | | |
| | Latrice Harper e of Debtor 1 | | Signature of | of Debtor 2 | |
| Date N | fav 8 2017 | | Date | | |

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| Fill ir | this informa | ation to identify you | ır case: | | | |
|----------------|------------------------------------|--|--|---|--|---|
| Debto | or 1 | Angela Latrice | Harper | | | |
| Debto | vr 2 | First Name | Middle Name | Last Name | | |
| • | e if, filing) | First Name | Middle Name | Last Name | | |
| Unite | d States Bank | cruptcy Court for the | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIV | /ISION | |
| Case | number | | | | | |
| (if know | (n) | | | | | Check if this is an amended filing |
| | | | | | and an annual contract of the state of the s | 3 |
| Offi | cial Fori | m 107 | | | | |
| Stat | ement | of Financial | Affairs for Individ | duals Filing for E | ankruptcy | 4/1 |
| inform | ation. If mo wn). Answer | re space is needed, every question. | ble. If two married people ar attach a separate sheet to th arital Status and Where You | nis form. On the top of any | qually responsible for supp additional pages, write your | lying correct name and case number |
| 1. W | | current marital state | | | | |
| | Married | | | | | |
| • | Not marrie | ed | | | | |
| 2. D | uring the las | t 3 years, have you | lived anywhere other than w | here you live now? | | |
| | No | | | | | |
| | Yes. List a | all of the places you fi | ved in the last 3 years. Do not i | nclude where you live now. | | |
| E | Debtor 1 Prio | r Address: | Dates Debtor 1 there | ived Debtor 2 Prior Ac | ldress: | Dates Debtor 2 lived there |
| 3. W states | lithin the last and territories | 8 years, did you evinclude Arizona, Ca | /er live with a spouse or lega lifornia, Idaho, Louisiana, Nev | al equivalent in a communi ada, New Mexico, Puerto Ric | ty property state or territory to, Texas, Washington and W | ? (Community property isconsin.) |
| | l No | | | | | |
| <u> </u> | Yes. Make | sure you fill out Sch | edule H: Your Codebtors (Offic | sial Form 106H). | | |
| Part 2 | Explain | the Sources of You | r Income | | | |
| Fi | ll in the total a | amount of income yo | nployment or from operating u received from all jobs and a nave income that you receive to | ll businesses, including part- | time activities. | dar years? |
| | No | | | | | |
| | Yes. Fill in | the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | st calendar y ary 1 to Dece | ear: mber 31, 2016) | Wages, commissions, bonuses, tips | \$14,153.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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| Debtor 1 Harper, Angela Latrice | | | | 9 | Case number (if known) | | | | | |
|---------------------------------|------------------------------|--------------------------------|---|--|--|---|---|--|--|--|
| | | | | . | | | | | | |
| | | | | Debtor 1 Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Debtor 2 Sources of inco | | | | |
| | or the caler lanuary 1 to | | | Wages, commissions, bonuses, tips | \$16,181.00 | ☐ Wages, comr bonuses, tips | nissions, | | | |
| | | | -11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | Operating a business | | ☐ Operating a b | pusiness | | | |
| 5. | Include in other pub | come regard lic benefit pa | dless of wheth syments; pens | e during this year or the two er that income is taxable. Exam ions; rental income; interest; div ave income that you received tog | ples of <i>other income</i> are alim idends; money collected from | lawsuits: rovalties: | Social Security, unemployment, and and gambling and lottery winnings. I | | | |
| | List each | source and | the gross inco | me from each source separately | y. Do not include income that | you listed in line 4. | | | | |
| | No Yes. | Fill in the d | etails. | | | | | | | |
| | | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of inco Describe below. | me Gross income (before deductions and exclusions) | | | |
| | | individual | primarily for a 90 days befo Go to line 7 List below e creditor. Do | each creditor to whom you paid a | ourpose." you pay any creditor a total of a total of \$6,425* or more in o nestic support obligations, su | \$6,425* or more? | s and the total amount you paid that and alimony. Also, do not include | | | |
| | Yes. | Debtor 1 | to adjustment or Debtor 2 o | on 4/01/19 and every 3 years a r both have primarily consum re you filed for bankruptcy, did y | fter that for cases filed on or a ner debts. | | stment. | | | |
| | | | | | ou pay any creditor a total or . | 2000 of moles | | | | |
| | | No. Yes | Go to line 7 List below e payments for this bankru | each creditor to whom you paid a or domestic support obligations, | a total of \$600 or more and the such as child support and ali | e total amount you pa imony. Also, do not ii | aid that creditor. Do not include nclude payments to an attorney for | | | |
| | Creditor' | s Name and | d Address | Dates of paymen | it Total amount paid | Amount you still owe | Was this payment for | | | |
| 7. | Insiders in which you | clude your re are an office | elatives; any g er, director, pe | bankruptcy, did you make a peneral partners; relatives of any rson in control, or owner of 20% rietor. 11 U.S.C. § 101. Include | general partners; partnership or more of their voting securi | s of which you are a ities; and any manag | general partner; corporations of ling agent, including one for a | | | |
| | ■ No □ Yes | List all navm | ents to an ins | ider | | | | | | |
| | | Name and | | Dates of paymen | t Total amount paid | Amount you still owe | Reason for this payment | | | |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an

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| D | ebtor 1 | Harper, Angela Latrice | Case number (if known) | | | | | | |
|----------|--|--|---|---|---|---------------------------------------|-----------------------|--|--|
| | | | | | | | | | |
| | insid Includ | ler? de payments on debts guaranteed or cosi | gned by an insider. | | | | | | |
| | | No | | | | | | | |
| | | Yes. List all payments to an insider | | | | | | | |
| | Insid | der's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this Include creditor's | | | |
| Pá | ırt 4: 🕔 | Identify Legal Actions, Repossession | s, and Foreclosures | | | | | | |
| 9. | List a | in 1 year before you filed for bankrupt Il such matters, including personal injury o ontract disputes. | cy, were you a party in an cases, small claims actions | ny lawsuit, court action, divorces, collection su | on, or administrati uits, paternity action | ve proceeding? s, support or custo | ody modifications, | | |
| | | No | | | | | | | |
| | _ | Yes. Fill in the details. | | | | | | | |
| | | e title e number | Nature of the case | Court or agency | | Status of the ca | se | | |
| 10. | Withi Check | n 1 year before you filed for bankrupte k all that apply and fill in the details below | cy, was any of your property. | erty repossessed, for | eclosed, garnishe | d, attached, seiz | ed, or levied? | | |
| | | No. Go to line 11. | | | | | | | |
| | | Yes. Fill in the information below. | | | | | | | |
| | Cred | litor Name and Address | Describe the Property | | Date | | Value of the property | | |
| | | | Explain what happene | di . | | | property | | |
| 11. | Within accou | n 90 days before you filed for bankrup unts or refuse to make a payment beca | tcy, did any creditor, inc | luding a bank or finar | ncial institution, so | ∍t off any amoun | ts from your | | |
| | 1 | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | Cred | litor Name and Address | Describe the action the | e creditor took | Date a taken | ction was | Amount | | |
| 12. | Within court | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? | | | | | | | |
| | | No | | | | | | | |
| | | /es | | | | | | | |
| Pa | rt 5; 📉 | List Certain Gifts and Contributions | | | | | | | |
| 13. | Withir | n 2 years before you filed for bankrupt | cv. did you give any gifts | s with a total value of | more than \$600 o | er nerson? | 1 | | |
| | The state of the s | ۷o | -,, , g.,, g., | o min a tour talue of | more atan coop p | ci person: | | | |
| | □ Y | es. Fill in the details for each gift. | | | | | | | |
| | Gifts perso | with a total value of more than \$600 p | er Describe the gifts | | Dates y the gift | ou gave | Value | | |
| | Perso Addr | on to Whom You Gave the Gift and ess: | | | | | | | |
| 14. | <u> </u> | 1 2 years before you filed for bankrupt | | s or contributions wit | h a total value of r | nore than \$600 to | o any charity? | | |
| | | es. Fill in the details for each gift or contri | | a manufaction of | ـ مدو | | | | |
| | more Chari | or contributions to charities that tota than \$600 ity's Name ess (Number, Street, City, State and ZIP Code) | l Describe what you | ı contributed | Dates y contrib | | Value | | |
| Pa | 16. | List Certain Losses | | | | | | | |
| rint - j | | FISH ACHIGHI FASSES | | | | | | | |

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

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| De | btor 1 | Harper, Angela Latrice | Cas | Case number(if known) | | | | | |
|-----|-----------------------------|--|--|---|---------------------------|--|--|--|--|
| | | | | | | | | | |
| | or ga | mbling? | | | | | | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | cribe the property you lost and the loss occurred | Describe any insurance coverage for the loss include the amount that insurance has paid. List insurance claims on line 33 of Schedule A/B: Projection 1. | pending loss | Value of property lost | | | | |
| Pa | rt 7: | List Certain Payments or Transfer | rs | · | | | | | |
| | Withi | n 1 year before you filed for bankru ulted about seeking bankruptcy or | uptcy, did you or anyone else acting on your bel | • • • | rty to anyone you | | | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | Addı | on Who Was Paid ress il or website address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | |
| | | | | | | | | | |
| : . | Do no | ised to help you deal with your creet include any payment or transfer that | uptcy, did you or anyone else acting on your beh ditors or to make payments to your creditors? you listed on line 16. | nam pay or transfer any proper | ty to anyone who | | | | |
| | | es. Fill in the details. | | | | | | | |
| | Pers Addr | on Who Was Paid ess | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | |
| 18. | transf Includ gifts a | ierred in the ordinary course of you | made as security (such as the granting of a security | | | | | | |
| | Perso Addr | on Who Received Transfer ess | property transferred | Describe any property or payments received or debts | Date transfer was made | | | | |
| | Perso | on's relationship to you | • | paid in exchange | | | | | |
| 19. | benef | n 10 years before you filed for bank iciary? (These are often called asset- lo | ruptcy, did you transfer any property to a self-seprotection devices.) | ettled trust or similar device o | f which you are a | | | | |
| | | es. Fill in the details. | | | | | | | |
| | Name | e of trust | Description and value of the property | transferred | Date Transfer was made | | | | |

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| De | Harper, Angela Latrice | | Case | number (if known) | |
|-----|---|--|---|---|--|
| | | | | | |
| Pa | nt 8: List of Certain Financial Accounts, In | struments, Safe Depo | sit Boxes, and Storage U | nits | |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso | or other financial acco | unts; certificates of dep | | |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance befor closing or transfe |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | year before you filed f | or bankruptcy, any safe | deposit box or other depos | sitory for securities, |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had a Address (Numbe and ZIP Code) | | ribe the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit | or place other than you | ır home within 1 year be | fore you filed for bankrupt | cy? |
| | No. | | | | |
| | Yes. Fill in the details. | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has o to it? Address (Numbel | | ribe the contents | Do you still have it? |
| 23. | Do you hold or control any property that so someone. | meone else owns? Inc | lude any property you b | orrowed from, are storing | for, or hold in trust for |
| | ☐ Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City Code) | | ibe the property | Value |
| Par | t 10: Give Details About Environmental Info | ormation | | | |
| For | the purpose of Part 10, the following definition | ons apply: | | | |
| | Environmental law means any federal, state, toxic substances, wastes, or material into the controlling the cleanup of these substances | e air, land, soil, surfac | ulation concerning polit e water, groundwater, o | ution, contamination, relea- r other medium, including : | ses of hazardous or statutes or regulations |
| | Site means any location, facility, or property | as defined under any | environmental law, whe | ther you now own, operate | e, or utifize it or used to |
| | own, operate, or utilize it, including disposal Hazardous material means anything an envi | ronmental law defines | as a hazardous waste, h | nazardous substance, toxic | substance, hazardous |
| D | material, pollutant, contaminant, or similar to | | | | |
| | ort all notices, releases, and proceedings tha | | • | | |
| 24. | Has any governmental unit notified you that | you may be liable or p | otentially liable under o | r in violation of an environ | mental law? |
| | No Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental u Address (Number, ZIP Code) | | ∨ironmental law, if you ow it | Date of notice |
| | | | | | |

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| De | btor 1 H | arper, Angela Latrice | | Case number (if known) | |
|--|-------------------------|--|---|--|---|
| | | | | | |
| 25. | Have you | u notified any governmental unit | of any release of hazardous material? | | |
| | No | | | | |
| | ☐ Yes | . Fill in the details. | | | |
| | Name of Address | f site 5 (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Have you | ı been a party in any judicial or a | onmental law? include settlements a | and orders. | |
| | No No | | | | |
| | ☐ Yes | . Fill in the details. | | | |
| | Case Tit Case Nu | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
| Par | 111: Giv | ve Details About Your Business o | r Connections to Any Business | | |
| 27. | Within 4 | years before you filed for bankru | ptcy, did you own a business or have any | of the following connections to any | business? |
| | | | I in a trade, profession, or other activity, e | • | |
| | | member of a limited liability corr | npany (LLC) or limited liability partnership | (LLP) | |
| | | partner in a partnership | · | | |
| | | n officer, director, or managing e | executive of a corporation | | |
| | | | ng or equity securities of a corporation | | |
| | _ | None of the above applies. Go to | | | |
| | | • • | | | |
| | Busines: | | ill in the details below for each business. Describe the nature of the business | Employer Identification number | |
| Address | | 3 | | Do not include Social Security number or ITIN. | |
| | (1441110411) | acci, ony, orace and an oode, | Name of accountant or bookkeeper | Dates business existed | |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? include all financial institutions, creditors, or other parties. | | | | | de all financial |
| | No. | | | | |
| | | Fill in the details below. | | | |
| | Name | | Date Issued | | |
| | Address (Number, S | treet, City, State and ZIP Code) | | | |
| Pari | 12: Sig | n Below | | | |
| true : bank | and corre- ruptcy ca | ct. I understand that making a fals | nancial Affairs and any attachments, and I se statement, concealing property, or obta 100, or imprisonment for up to 20 years, or | ining money or property by fraud in | at the answers are n connection with a |
| | ela Latr nature of I | ice Harpet Debtor 1 | Signature of Debtor 2 | | |
| Date | May | 8, 2017 | Date | | |
| Did y ■ No | o | additional pages to Your Stateme | ent of Financial Affairs for Individuals Filin | ng for Bankruptcy (Official Form 107 |)? |
| M No |) | | t an attorney to help you fill out bankrupto | | |
| | | | uptcy Petition Preparer's Notice, Declaration, a | | |
| Officia | l Form 107 | Stato | ment of Financial Affairs for Individuals Filing for | or Bankminter | |

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| Fill in this inforn | nation to identify your | case: | | |
|-------------------------------|----------------------------------|------------------------|--|---|
| Debtor 1 | Angela Latrice H | | | |
| Debtor 2 | First Name | Middle Name | Last Name | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: | NORTHERN DIST | RICT OF ILLINOIS, EASTERN DIVISION | |
| Case number | | | | |
| (if known) | | · | | Check if this is an amended filing |
| Official Fo | | | • | _ |
| Statemer | it of intentio | n for Indiv | iduals Filing Under Chapte | r 7 12/15 |
| lf you are an indiv | idual filing under chap | ter 7, vou must fill o | ut this form if: | |
| | claims secured by you | | | |
| You must file this | er is earlier, unless the | thin 30 days after yo | expired. u file your bankruptcy petition or by the date set fo ime for cause. You must also send copies to the cre | r the meeting of creditors, ditors and lessors you list on |
| f two married pec and date | ople are filing together i | in a joint case, both | are equally responsible for supplying correct inform | nation. Both debtors must sign |
| | | . If more space is no | eeded, attach a separate sheet to this form. On the t | am all anns a deltal an all s |
| write yo | ur name and case num | ber (if known). | reded, attach a separate sheet to this form. On the t | op ot any additional pages, |
| 2art 1 List Yo | ur Creditors Who Have | Socured Claime | | |
| | | | reditors Who Have Claims Secured by Property (O | ficial Form 106D), fill in the |
| information beli | ow. ditor and the property th | | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| Creditor's | | | ☐ Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | 1 00 |
| Description of | | | ☐ Retain the property and enter into a Reaffirmation | ☐ Yes |
| Description of property | | | Agreement. | |
| securing debt: | | | ☐ Retain the property and [explain]: | |
| Creditor's | | | | proj. |
| name: | | | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| | | | Retain the property and redeem it. Retain the property and enter into a Reaffirmation | ☐ Yes |
| Description of | | | Agreement. | |
| property | | | ☐ Retain the property and [explain]: | |
| securing debt: | | - | | |
| Creditor's | | | ☐ Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | asset 1 TV |
| | | | ☐ Retain the property and enter into a Reaffirmation | ☐ Yes |
| Description of | | | Agreement. | |
| property | | | Retain the property and [explain]: | |
| securing debt: | | - | | |
| Creditor's | | | ☐ Surrender the property. | □ No |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 Harper, Angela Latrice | Case number (if known) | |
|---|---|-------------------------------------|
| name: Description of | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property securing debt: | ☐ Retain the property and [explain]: | |
| Part 2. List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed | in Schedule G: Executory Contracts and Unexpired L | eases (Official Form 106G), fill in |
| the information below. Do not list real estate leases. Unexp may assume an unexpired personal property lease if the fr | ored leases are leases that are still in effect; the lease sustee does not assume it. 11 U.S.C. § 365(p)(2). | e period has not yet ended. You |
| Describe your unexpired personal property leases | | Will the lease be assumed? |
| Lessor's name: | | □ No |
| Description of leased Property: | | □ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | |
| | | ☐ Yes |
| Lessor's name: Description of leased | | □ No |
| Property: | İ | ☐ Yes |
| Lessor's name: Description of leased | I | □ No |
| Property: | 1 | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | ı | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | |
| | ı | ☐ Yes |
| Lessor's name: Description of leased | Į. | □ No |
| Property: |] | ☐ Yes |
| Part 3: 88 Sign Below | *************************************** | |
| Inder penalty of perjury, I declare that I have indicated my roperty that is subject to an unexpired lease. | intention about any property of my estate that secur | es a debt and any personal |
| x (mg 1. dh 22 | ¥ | |
| Angela Latrice Harper Signature of Debtor 1 | Signature of Debtor 2 | |
| Date May 8, 2017 | Date | |

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United States Bankruptcy Court Northern District of Illinois, Eastern Division

| IN RE: | | Case NoChapter 7 | |
|----------------------------------|------------------------|--|--|
| Harper, Angela Latrice | | | |
| | Debtor(s) | ************************************** | |
| | VERIFICATION OF CREDIT | OR MATRIX | |
| | | Number of Creditors 5 | |
| The above-named Debtor(s) hereby | | rue and correct to the best of my (our) knowledge. | |
| Date: May 8, 2017 | Med Hay | <u>v</u> | |
| | Ioint Debtor | | |

City of Chicago Department of Finance PO Box 88292 Chicago, IL 60680-1292

Commonwealth Edison 3 Lincoln Ctr Fl 4 Oakbrook Terrace, IL 60181-4204

Directv PO Box 9001069 Box 9001069 Louisville, KY 40290-1069

Enhanced Recovery Company PO Box 57547 Jacksonville, FL 32241-7547

Peoples Energy 130 E Randolph St Chicago, IL 60601-6207